



Important: Print in CAPITAL letters using black ink.

Personal information

Deceased's First name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased's social security number	Date of death (MM/DD/YY)	
<input type="text"/>	<input type="text"/>	
Your First name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your home address (number and street)		
<input type="text"/>		
<input type="text"/>		
City	State	Zip code +4
<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement of Claimant

Your relationship to the deceased

Fill in only one: ☐ Spouse/domestic partner ☐ Administrator ☐ Executor

☐ Other ▶ Specify

Did the deceased leave a will? ☐ Yes ☐ No

Has an executor or administrator been appointed for the estate? ☐ Yes ☐ No

If **no**, will one be appointed? ☐ Yes ☐ No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? ☐ Yes ☐ No

If **no**, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled, under DC law, to receive the refund.

If other than the deceased, who paid deceased's 2009 DC income tax?

Name	Claimant's SSN
<input type="text"/>	<input type="text"/>
Relationship to deceased	
<input type="text"/>	

Signature I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct.

Your signature	Date
<input type="text"/>	<input type="text"/>

**Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death.
If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.**